PTO/SB/21 (09-04)
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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

12

Total Number of Pages in This Submission

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Application Number	10/650,181
Filing Date	August 27, 2003
First Named Inventor	Masayuki OHTA
Art Unit	2828
Examiner Name	T. Van Roy
Attorney Docket Number	259052003300

ENCLOSURES (Check all that apply)						
	nittal Form + copy for fee (2 pages)	Drawing(s)		After Allowance Communication to TC		
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
x Amendmen	nt/Reply (8 pages)	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter		
x Extension	of Time Request (1 page)	Terminal Disclaimer		Other Enclosure(s) (please Identify below):		
Express At	pandonment Request	Request for Refund	Return Receipt Postcard			
Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Landscape Table on CD				
	issing Parts/ Application	Remarks	•			
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)					
Signature	NR	Cluran				
Printed name	Norman R. Klivans					
Date	October 23, 2006		Reg. No.	33,003		

Client Ref.: SP4229US/TA

Express Mail, Airbill No. EV 581425678 US,	on the date shown below in an envelope address	d) is being deposited with the U.S. Postal Service as sed to: MS Amendment, Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450	. , /	
Dated: October 23, 2006	Signature:	(Lori Sims)

PTO/SB/17 (01-06)
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Didder the Preparation studies of 1999, no person are required to regord to a collection of Information unbase, if despity a vaid KNR control number.		Under the Pa	sperwork Reduct	tion Act of 199	5, no person are r	equired to	respond to a colle	ection of information	on unless it display	s a valid OMB	control number.
FEE TRANSMITTAL For FY 2006  Figure 10 above 1	4	Fees pursuant to	ed Appropriati	ons Act. 2005 (H.	Complete if Known						
For FY 2006  First Named Inventor   Masayuki OHTA   Examiner Name   T. Van Roy   Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT   (\$) 450.00   Attomey Docket No.   259052003300    METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify):   Morrison & Foerster LLP    For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X Charge fee(s) indicated below   Charge fee(s) indicated below   Attomey Docket No.   Charge fee(s) indicated below   Charge fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIG FILING, SEARCH, AND EXAMINATION FEES   FLING FEES   SEARCH FEES   SEARCH FEES   Small Entity   Sm	9	FEE TRANSMITTAL				Application Number 10		0/650,181			
Applicant claims small entity status. See 37 CFR 1.27	anns					Filing Date A		August 27, 2003			
Applicant claims small entity status. See 37 CFR 1.27	1000					First Named	Inventor N	Masayuki OHTA			
METHOD OF PAYMENT (check all that apply)		<del>/</del>	· · · · · · · · · · · · · · · · · · ·				Examiner Na	me 7	Γ. Van Roy		
METHOD OF PAYMENT (check all that apply)		Applica	nt claims small	entity status.	See 37 CFR 1.2	: <b>7</b>	Art Unit	2	2828		
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number 03-1952 Deposit Account Name: Morrison & Foerster LLP	***	TOTAL AMOU	INT OF PAY	MENT	(\$) 450.00		Attorney Doc	ket No. 2	25905200330	0	
Deposit Account   Deposit Account   Deposit Account Number   Deposit Number		METHOD OF	PAYMENT	(check all	that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee		Check	Credit Ca	ard I	Money Order	No	ne Oth	ner (please identi	ify):		
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge any additional fee(s) or underpayment of   Credit any overpayments   Credit any overpayment   Credit any overp		x Deposit A	ccount Depos	it Account Num	ber: <u>03-1952</u>	Deposit Acc	ount Name:	Mor	rison & Foers	ster LLP	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SEARCH FEES   SMILENTITY   SMILENTITY   Fee (\$)   Fee (\$		For the	above-identi	fied deposit	account, the D	)irector is	hereby autho	rized to: (chec	k all that apply)	)	
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Application Type		FEE CALCU	LATION (AI	I the fees	below are d	ue upo	n filing or m	ay be subje	ct to a surch	arge.)	
Application Type		1. BASIC FILIN	IG, SEARCH	, AND EXAI	MINATION FE	ES					
Application Type				FILIN		SE				3	
Utility   300   150   500   250   200   100   0.00		Application T	vpe	Fee (\$)		Fee (\$				Fees P	aid (\$)
Design   200   100   100   50   130   65   0.00											
Plant				200	100	100		130			
Reissue		Ŭ		200	100	300	150	160			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  8 - 20 = 0 x 50.00 = 0.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  2 - 3 = 0 x 200.00 = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month  SUBMITTED BY		Provisional									
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  8			AIM FEES				•	•	· ·		
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Pee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Pee Paid (\$)  Pee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Substitute of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof Fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1252 Extension for response within second month  450.00											
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B		Multiple depen	dent claims							360	180
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Signature Registration No. 33,003 Telephone (650) 813-5850		Signature	011	DY0	w		Registration No.	33,003	Telephone	(650) 813	3-5850
Name (Print/Type) Norman R. Klivans Date October 23, 2006			V V-								

Client Ref.: SP4229US/TA